

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 574400

FILING DATE

9-20-05

APPLICANT(S)

3-13-07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						1
3					1	
4						1
5						1
6						1
7						1
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9						
10						5
11			7		1	
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TOTAL IND.		↓	1	↓	3	↓
TOTAL DEP.		←	10	←	11	←
TOTAL CLAIMS			11		14	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						